

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		8/10/00
O.I.P.E. CLASSIFIER		59	8/14
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71471	9/25

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	02/18/01
2	✓	✓	7/23/03
3	✓	✓	11/2/04
4	✓	✓	5/26/04
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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